

The Secure Base model: promoting attachment and resilience

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Aims of this session

- To provide an introduction to the Secure Base model
- To consider ways of applying the model to practice

Significance of therapeutic caregiving

- Because of the impact of abuse and neglect on an infant, child or adolescent's development, they are likely to need *therapeutic care* in foster care and adoption
- In this context, there is the potential for all children to become more secure, more confident and more competent - at all ages

What is the Secure Base model?

- A framework for therapeutic caregiving
- Based in every day interactions of family life
- Promotes security and resilience
- Drawn from attachment and resilience theory, research and practice

Relevant UEA research studies

- *Part of the Family*: 40 adults who grew up in foster care (1999-2002)
- *Growing up in Foster Care*: 52 children followed up in three phases (Nuffield Foundation 1997-2007)

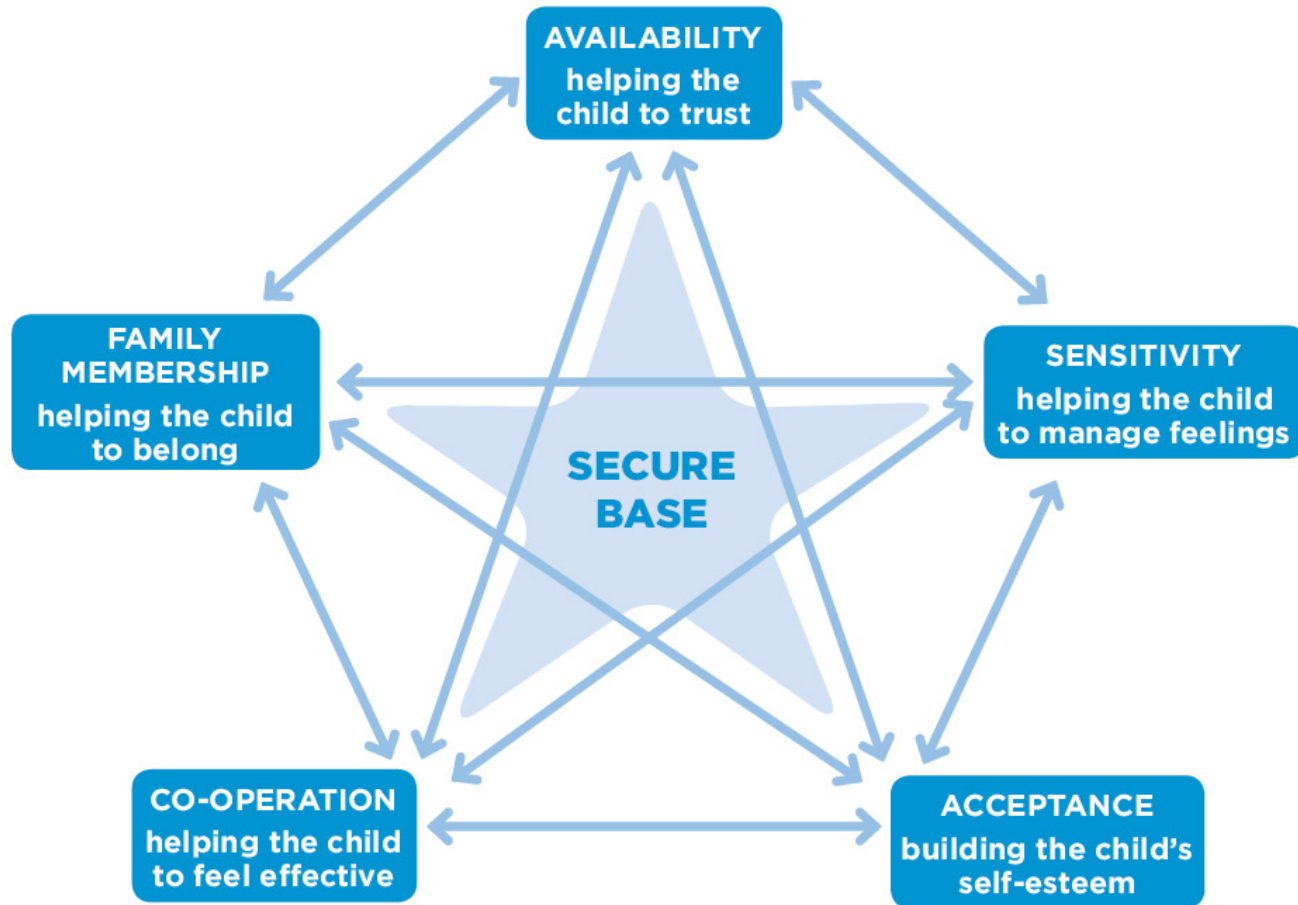
Who can use the model?

- Foster carers and adopters
- Social workers
- Residential workers
- Anyone involved in promoting children's development

Research and practice developments

- Norway 2007- present. Used in initial training and in supporting foster carers
- *Attachment Handbook for Foster Care and Adoption* translated into French (2011) and Italian (2013)
- Mary Beek worked with Care for Children (UK based charity) 2013-2015
 - o Projects in China and Thailand to develop foster care as an alternative to residential care
 - o Local staff – adapting the carer training to be most culturally appropriate and helpful to families and children
- Website accessed by up to 20 countries a month
- Melbourne - Berry Street Childhood Institute-adopting Secure Base for foster and kinship care 2016

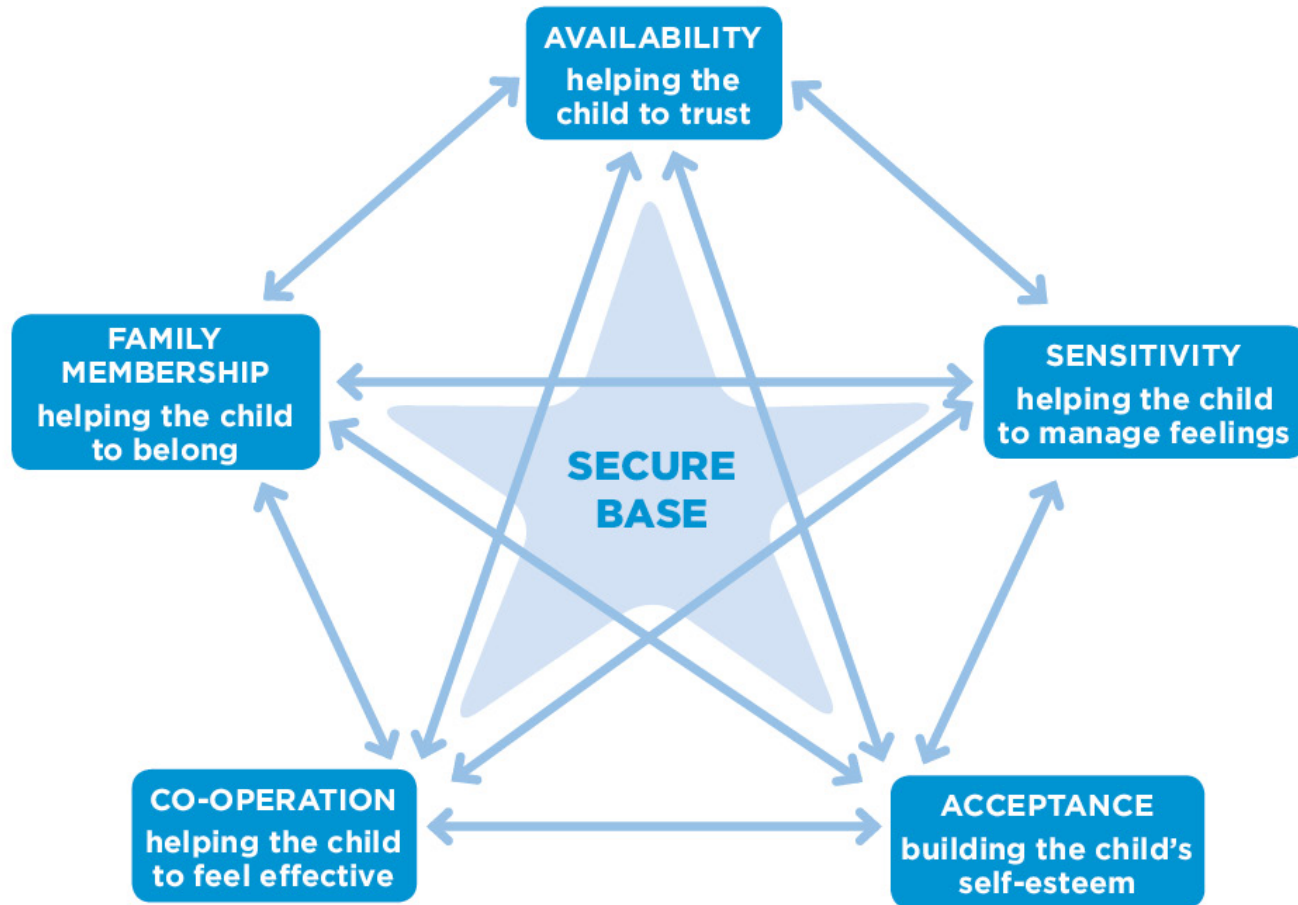
The Secure Base model



What are secure base relationships?

- Provide comfort, closeness, reassurance
- Reduce anxiety
- Promote exploration, learning, development

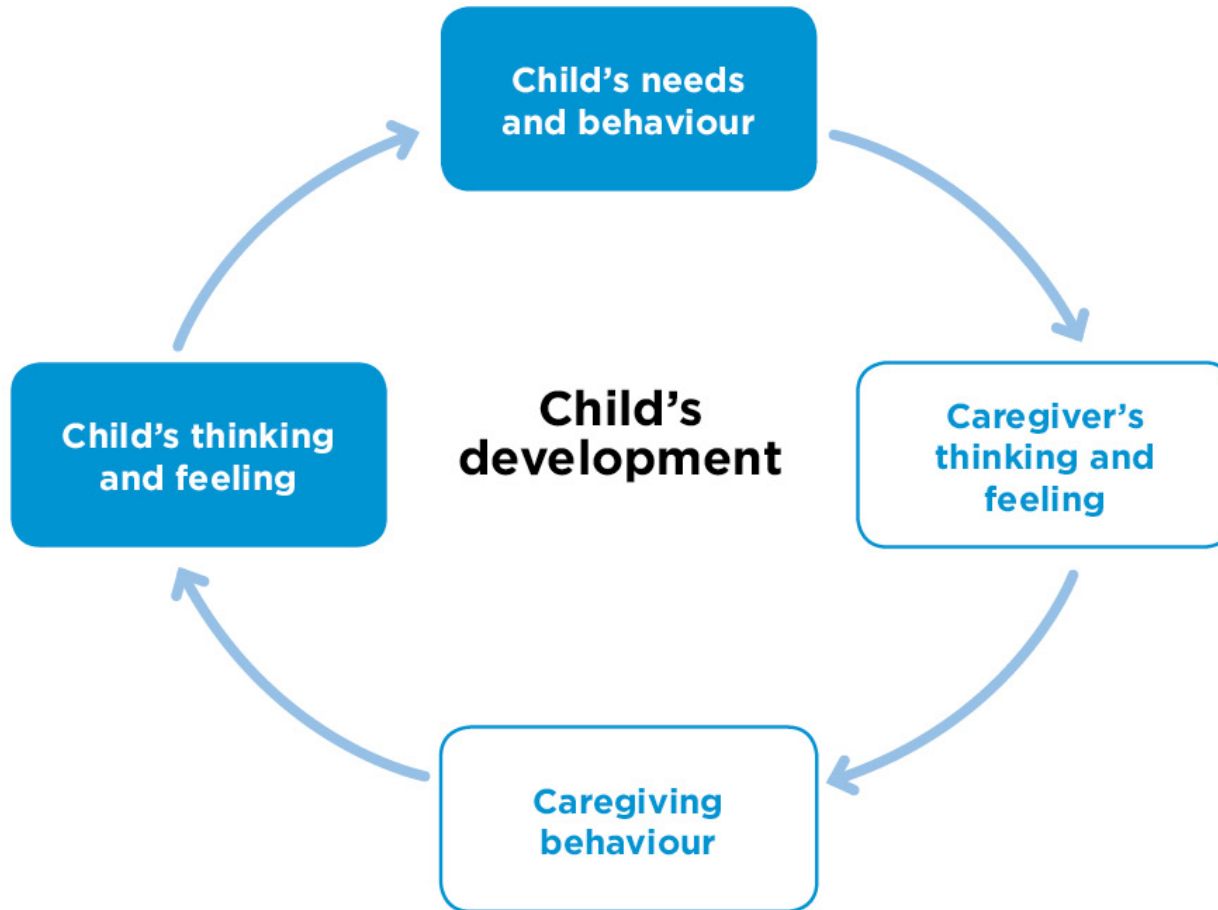
The Secure Base model



Caregiving dimensions that promote security and resilience

- Availability - helping the child to trust
- Sensitivity - helping the child to manage feelings
- Acceptance - building the child's self esteem
- Co-operation - helping the child to feel effective
- Family membership - helping the child to belong

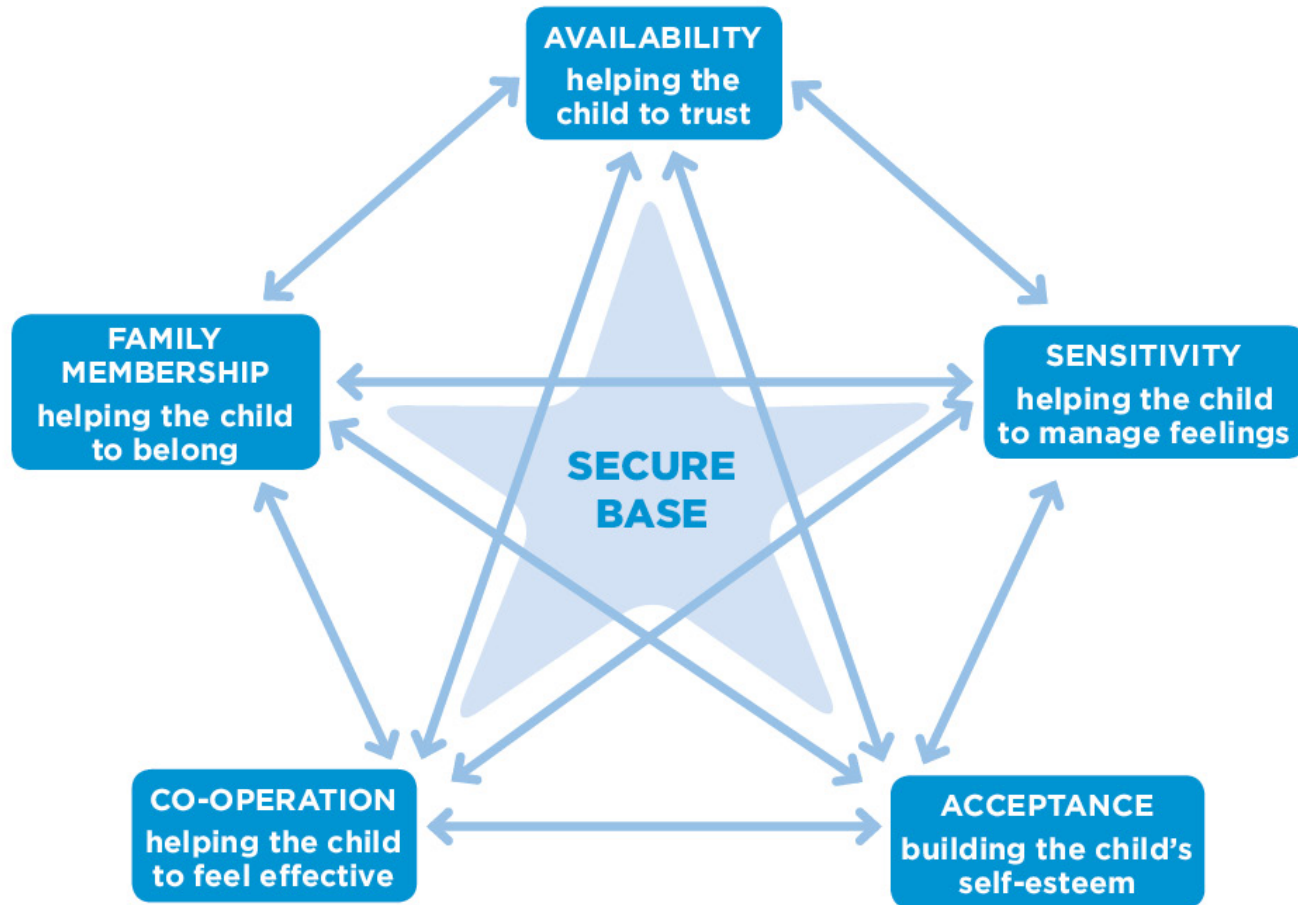
The caregiving cycle



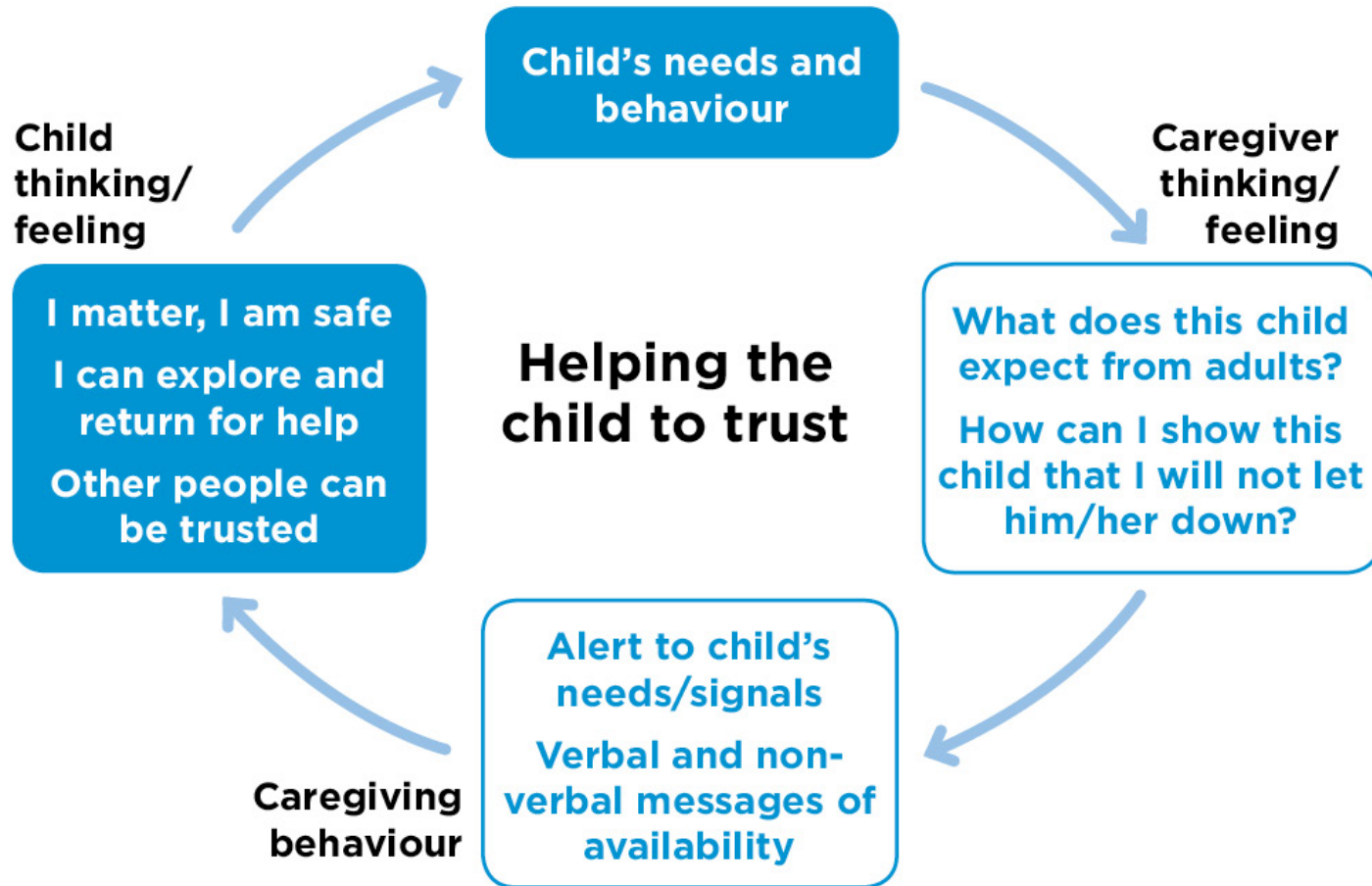
Therapeutic caregiving might involve:

- Thinking differently
- Doing differently
- Being persistent
- Trying different approaches

The Secure Base model



Availability



Availability: children's behaviours when they lack trust

- Defensive strategies:
 - Shutting down feelings
 - Showing feelings excessively
 - Trying to control adults

Availability: caregiver thinking

- What does this child expect from adults?
- How can I show this child that I will not let him/her down?

Availability: caregiver behaviour

- 'Being there' - physically and emotionally
- Alert to child's needs and signals
- Take the relationship at the child's pace
- Verbal and non-verbal messages of availability - including when apart

Being alert to the needs and signals of a small baby

When Jennie came to me at 12 weeks old, she was completely unresponsive, not waking for feeds, not responding to me, not showing any emotion. She had just switched off. I had to stay close to her and respond to even the slightest sound or facial movement and keep talking to her and touching her. It took time to replace those first weeks, but gradually she started to show different feelings and become more responsive. (Foster carer)

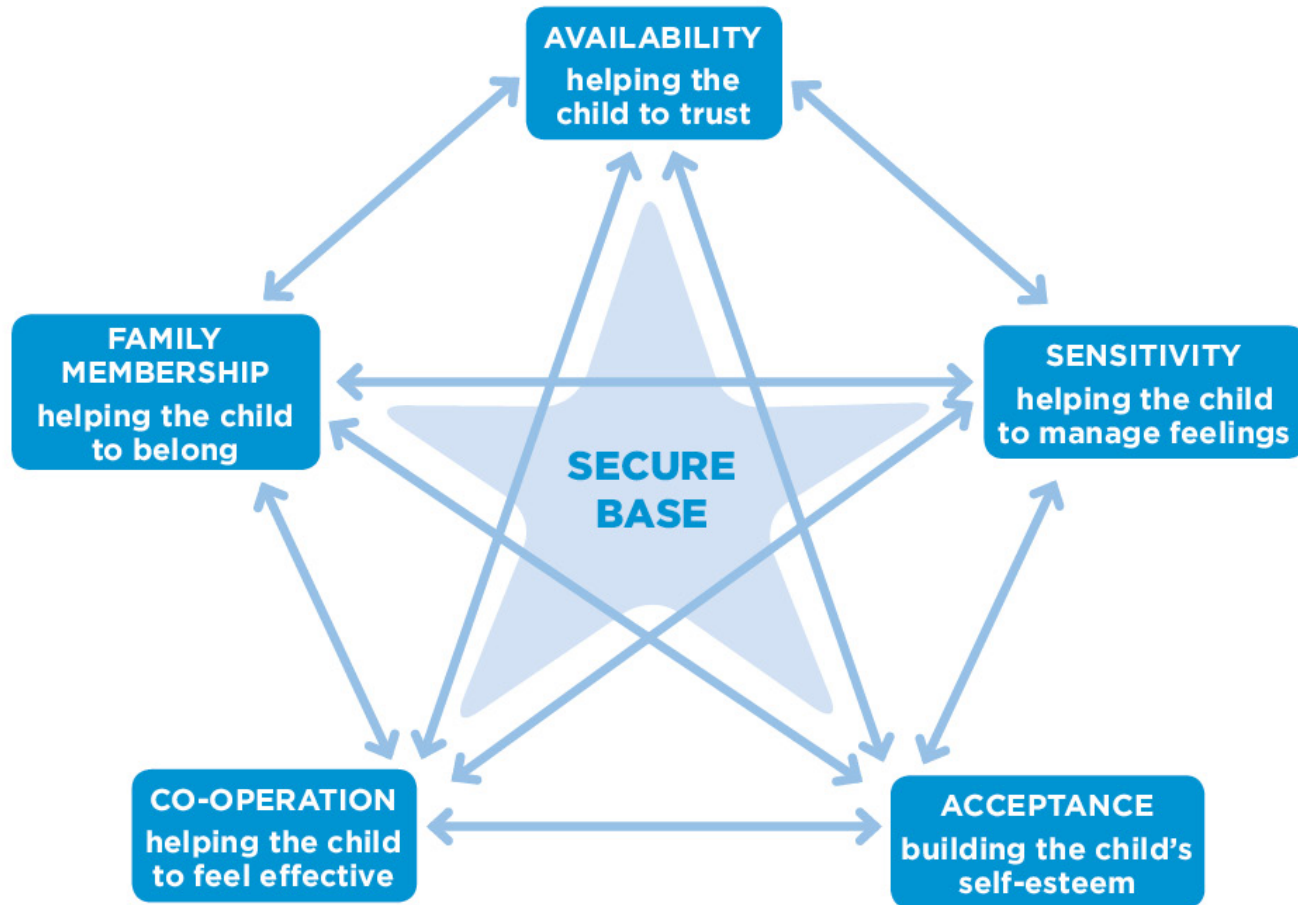
Helping a child to trust in the caregiver when they are apart

When Aiden (4) had contact with his father he was always very anxious about what might happen and whether he would come back to me and I would be here for him. On one occasion I gave him a small cushion to take with him so that he had something to hold onto, but also so that he would know he would be coming home. (Foster carer)

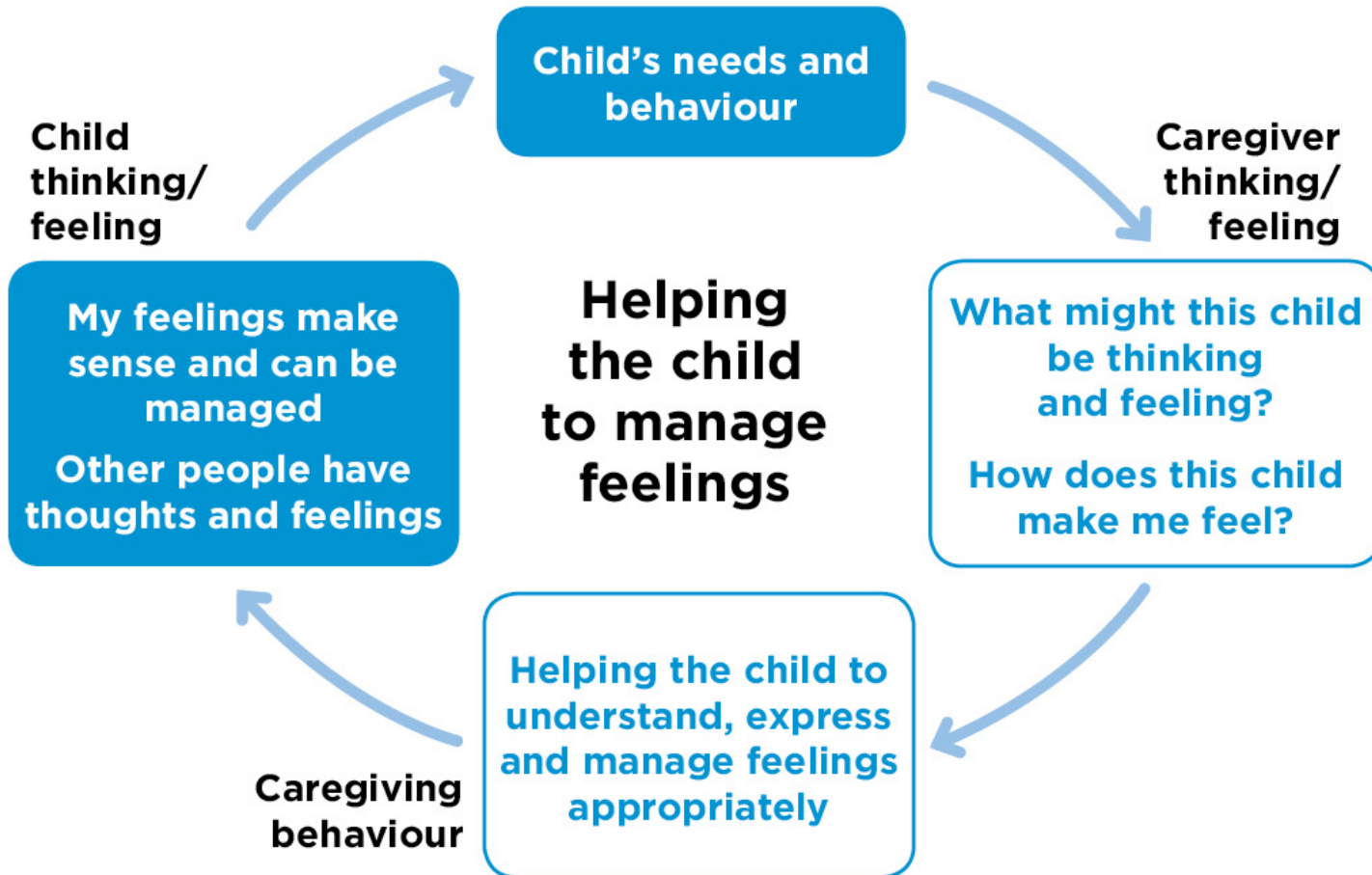
Availability: child thinking and feeling

- I am loved and wanted
- I am safe
- My caregivers will not let me down

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Sensitivity



Children's behaviour when feelings cannot be managed

- Feelings expressed excessively
- Feelings denied or repressed
- Feelings chaotic or dissociated
- Feelings expressed through bodies

Sensitivity: caregiver thinking and feeling

- What might this child be thinking and feeling?
- How does this child make me feel?

Sensitivity: caregiver behaviour

- Describe and name feelings
- Provide a verbal and non-verbal 'commentary' to daily events
- Use practical tools to help the reflect on feelings
- Promote empathy in child

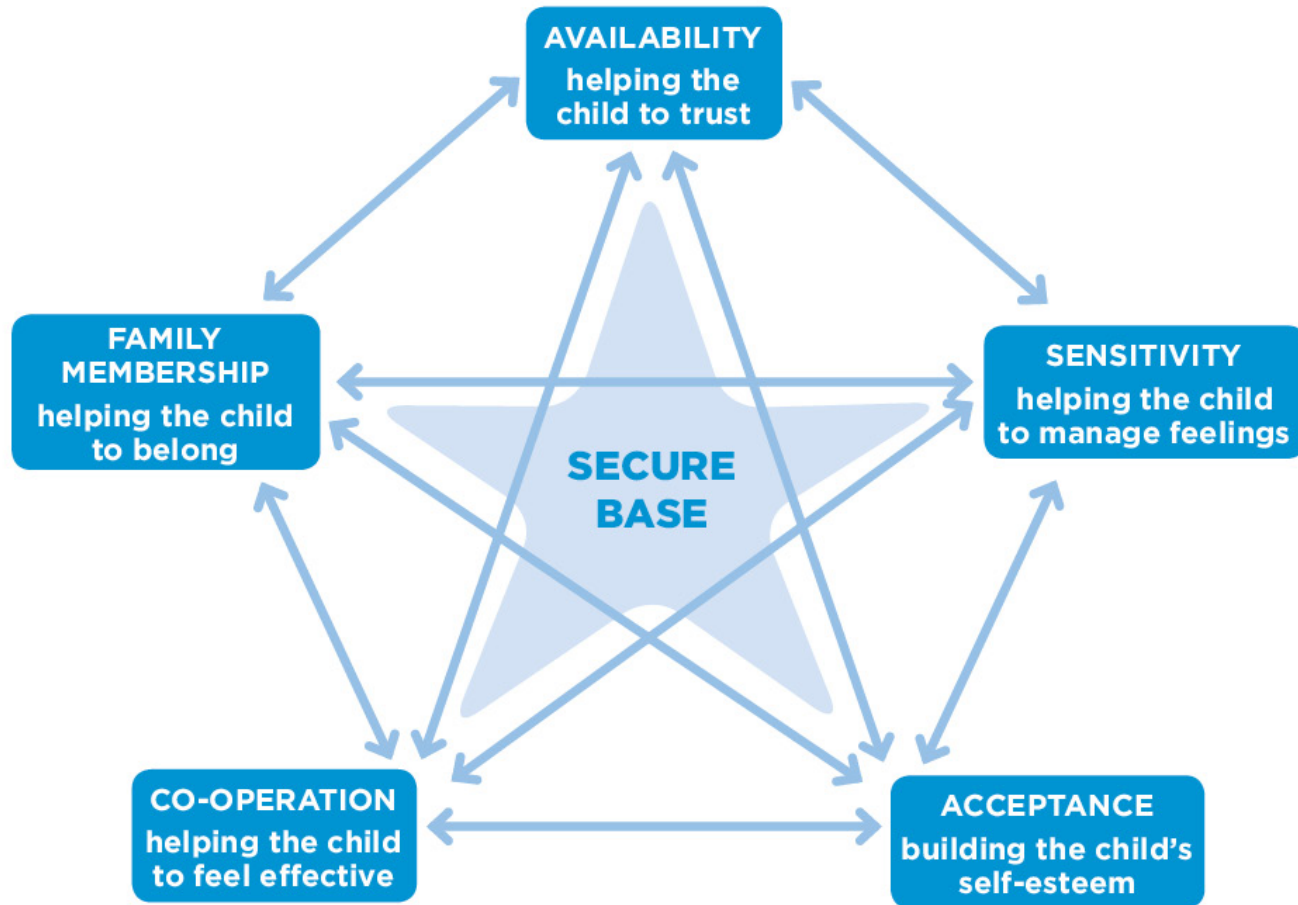
The worry jar

Sometimes he will really shout and stomp about, so you know something is brewing and he won't tell anybody, because he doesn't want to upset anybody. So he has a worry jar, he writes it and puts it in a worry jar and that goes under his bed and then when he wants me to read it, he gives me the jar and I read his worries. Because if it is out of you, you feel better. (Foster carer)

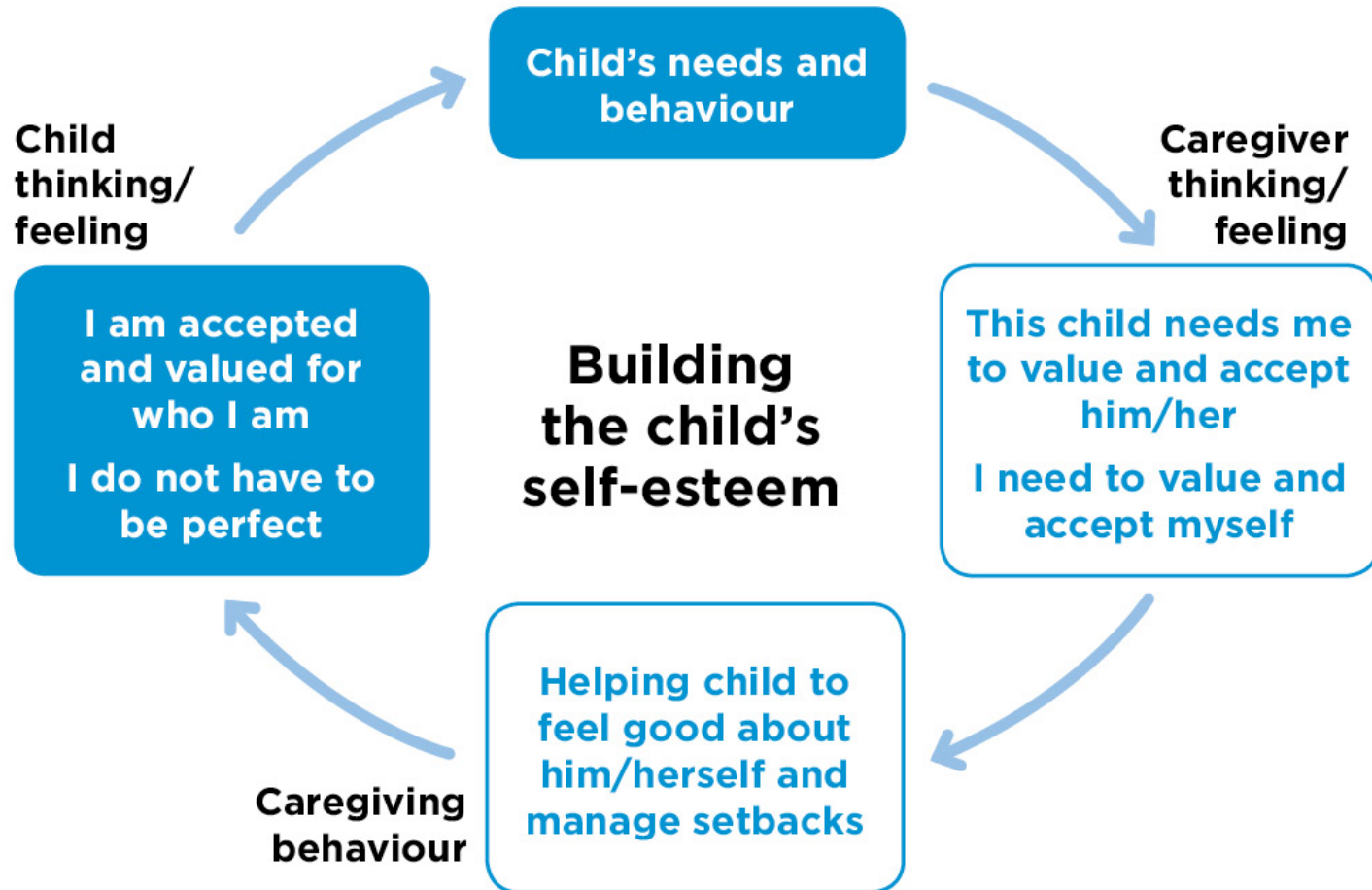
Sensitivity: child thinking and feeling

- My feelings make sense to others and so they can make sense to me
- Other people have feelings too

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Acceptance



Child's needs and behaviour when self-esteem is low

May:

- Have had experiences of abuse and neglect
- Feel unworthy of love, success, praise
- Fear failure
- Defend themselves with untrue claims

Acceptance: caregiver thinking and feeling

- This child needs me to value and accept him/her
- I need to value and accept myself

Acceptance: caregiver behaviour

- Accept the child for who he/she is
- Encourage activities and interests
- Model and teach the child to accept and celebrate difference – ethnicity, personality, talents
- Support setbacks and disappointments

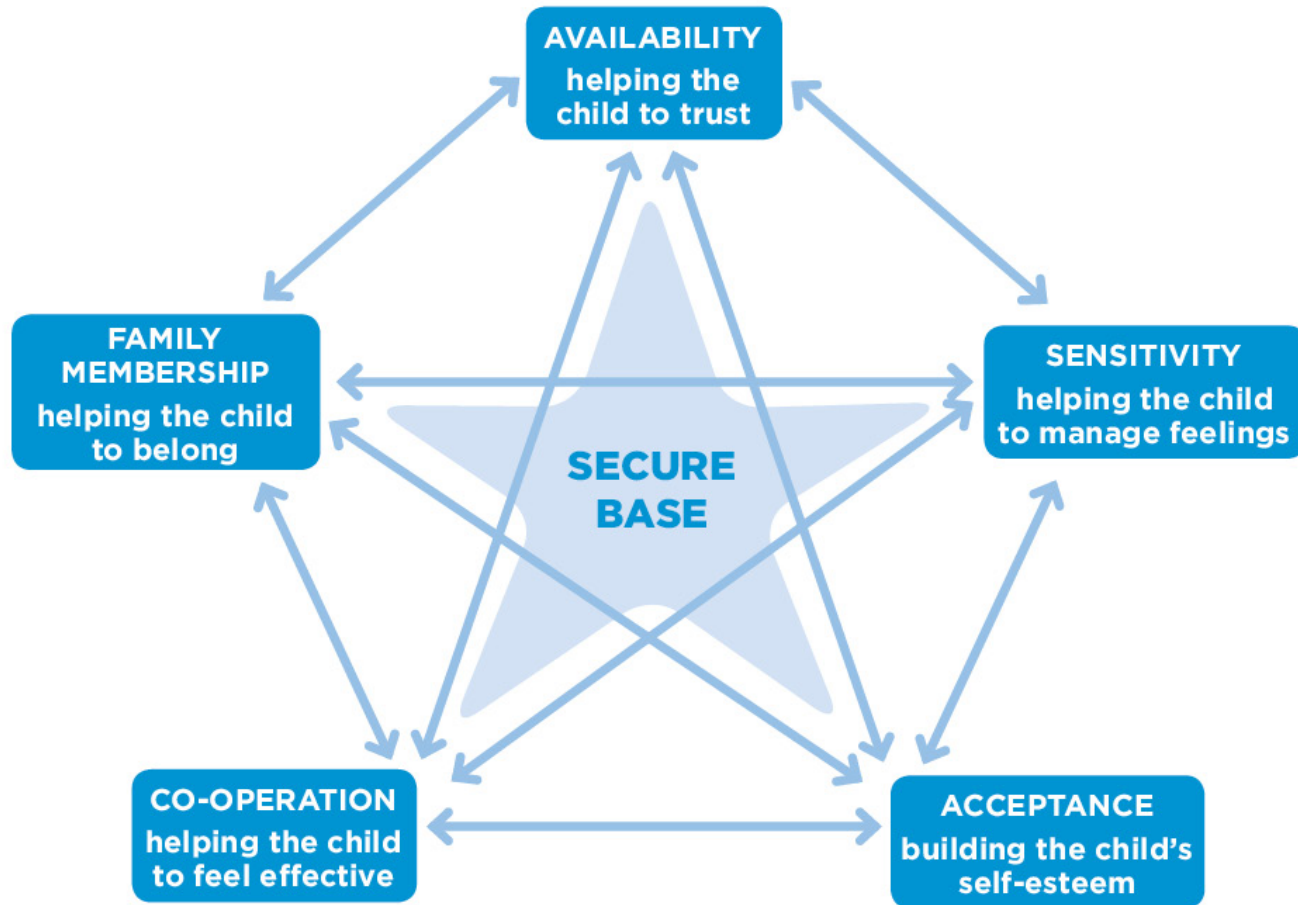
Offering targeted praise

She's not used to being praised, and she doesn't always make the connection, so we have to spell it out to her. Instead of just 'well done', we might say 'you've done really well to get a good behaviour star. You must have tried hard. We're proud of you'. (Foster carer).

Acceptance: child thinking and feeling

- I am accepted and valued for who I am
- I do not have to be perfect

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Co-operation



Why do some children find it hard to co-operate?

- Little experience of co-operation with others
- Lack confidence in getting their needs met
- The care system may have increased sense of powerlessness

Co-operation: caregiver behaviour

- Clear rules and boundaries/willing to negotiate within them
- Offer 'safe' choices
- Use fun and playfulness where possible
- 'Attending' - allowing child to take the lead, within safe limits

Link between effectiveness and co-operation

- The foster family rule is that everyone sits down together at the table for their evening meal. Lois (14) newly placed, refuses to do this. Her foster carer, Joe, thinks of Lois' need to have a sense of choice and control in her currently chaotic life. He suggests that he will lay Lois' place at the table each evening, but it is up to her whether or not she joins the family. If she chooses not to, he will keep her dinner and she can have it at the table after the family have finished. After several weeks, Lois chooses to join the family – quietly at first, then with full participation.

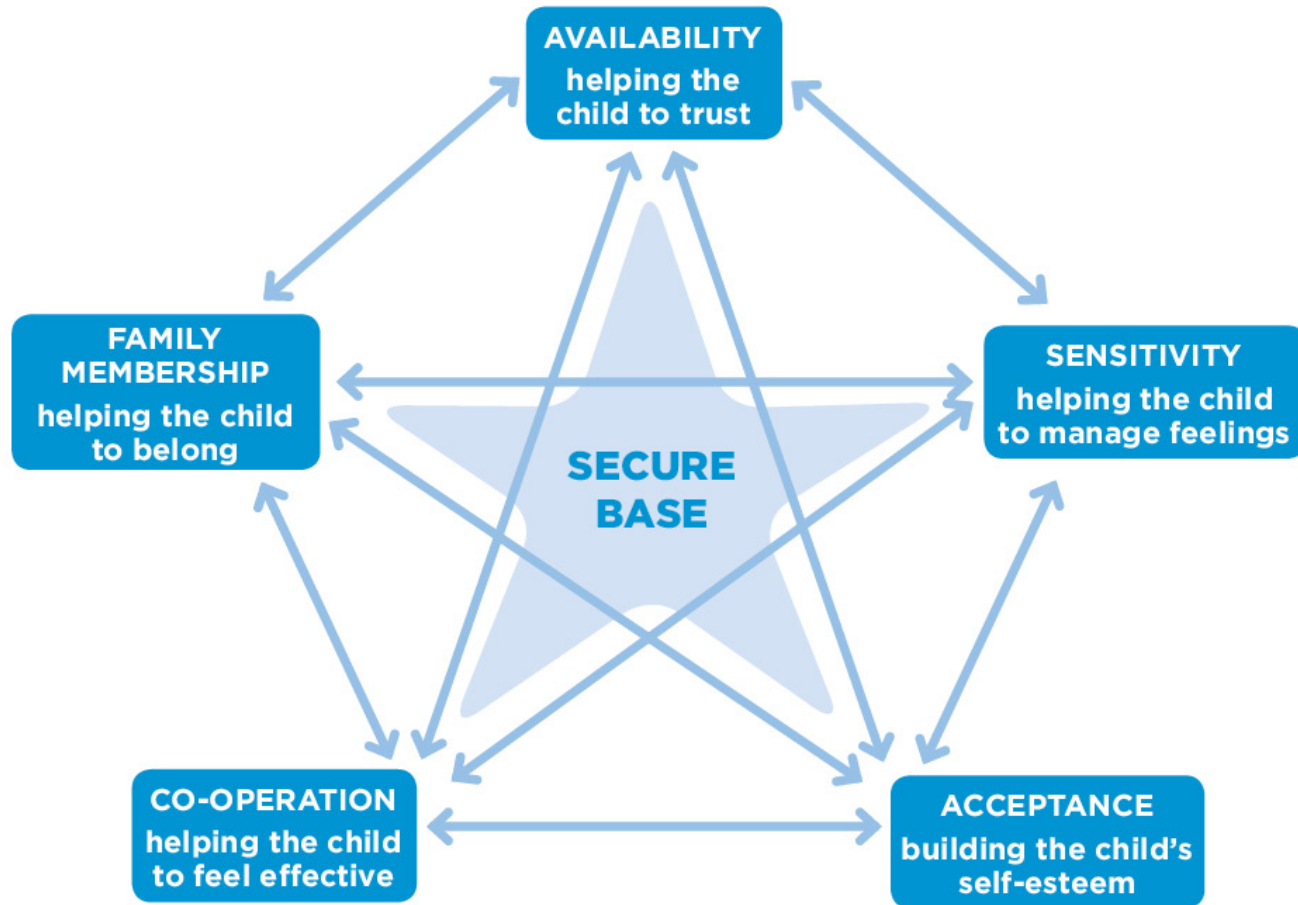
Attending

George (3) would only relax in the garden, so although it was winter we wrapped up warm and everyday we spent time outside. He would potter about, looking at stuff and I would follow him sometimes and talk occasionally and he would stop and he'd look at an insect, or whatever it was he'd found. I pretty much let George lead, but sometimes I'd draw his attention to things. (Adoptive mother)

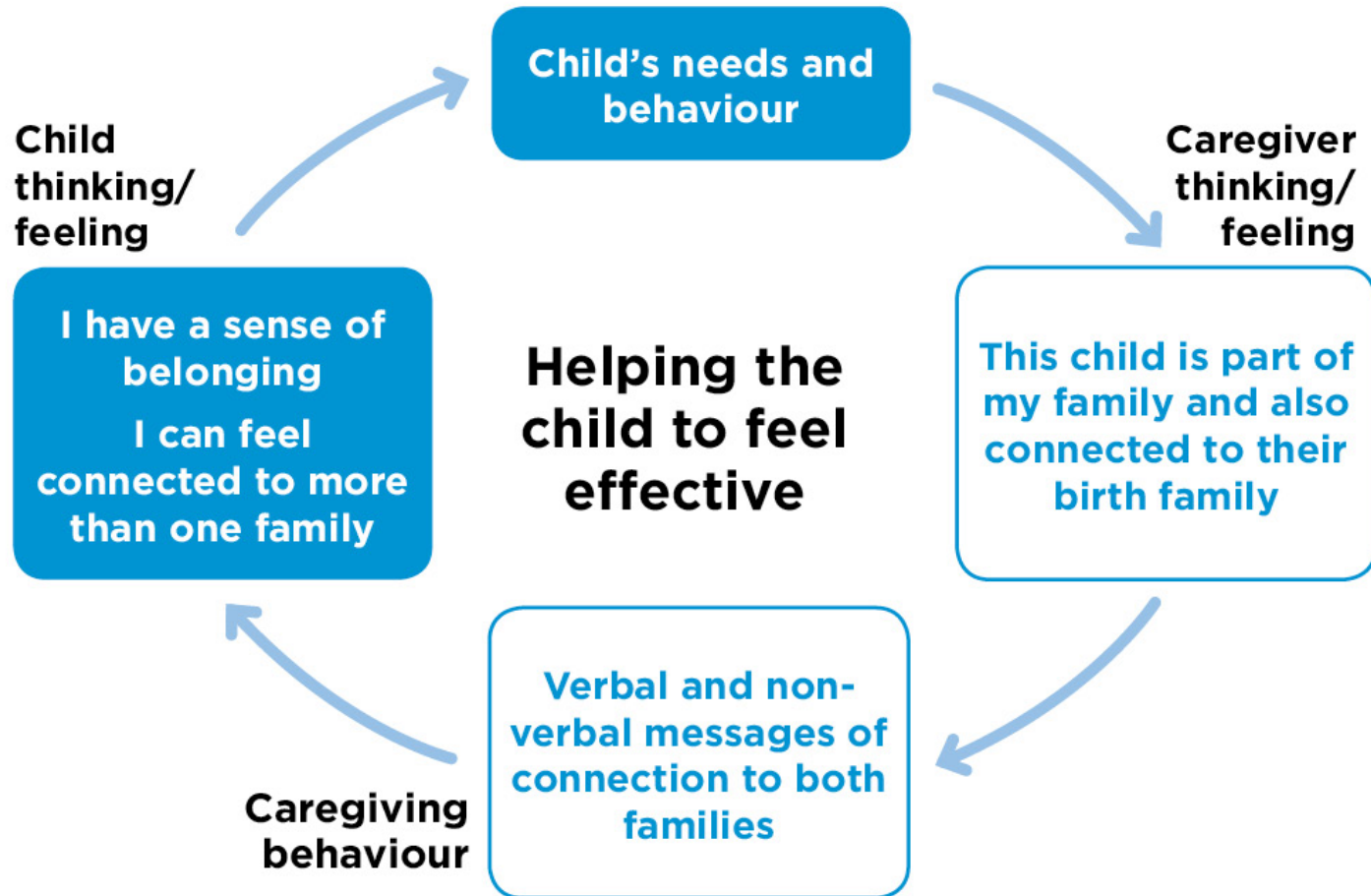
Co-operation: child thinking and feeling

- I feel effective
- I can make choices
- I can co-operate with others

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Family membership



Family membership: caregiver behaviour

- Help the child to feel welcome in the family
- Make physical space for child
- Promote birth family identity
- Manage contact positively

Foster family membership

We always say – from the moment you walk through the door, you are part of us. No matter how long you're staying or how many other families you relate to, you are part and parcel of our family, the same as everyone else who lives here. We say it and we show it to them as well.
(Foster carer)

Dual family membership

My foster family have given me opportunities that I would have never been able to have and it is really lovely how much they are there for me. You know, because I am not with my family, they sort of fill that space, but never replace. They wouldn't, they are respectful, they know how much I love my family, they know that I care so much equally about all of them and that I could never choose between them. (Young person (14) in long-term foster care)

Family membership: child thinking and feeling

- I have a sense of belonging
- I can belong (comfortably) to more than one family

A secure base

- The 5 dimensions of the model overlap and interact with each other to form a secure base for the child
- Sam and Linda



Uses of the Secure Base model

- Assessment and working with children and caregivers in child protection, fostering, kinship care, adoption and residential care
- Matching children and placements, including packages of support
- Carers /social workers setting goals for children in each dimension and monitoring progress – new and existing placements
- Assessing and providing help to placements in difficulties

Website

- <https://www.uea.ac.uk/providingasecurebase>

Additional resources

- Schofield, G and Beek, M (2006b) *Attachment handbook for foster care and adoption*, London: BAAF
- Schofield, G and Beek, M (2014) *The Secure Base model: promoting attachment and resilience in foster care and adoption*, London: BAAF
- Schofield, G and Beek, M (2014) *Promoting attachment and resilience: a guide for foster carers and adopters on using the Secure Base model*, London: BAAF

Questions and Discussion

The Secure Base model

